In re: Lloyd A. Ball LaShanda E. Ball

Case Number: 10-10087

According to the information required to be entered on this statement					
(check one box as directed in Part I, III, or VI of this statement):					
☐ The presumption arises.					
The presumption does not arise.					
The presumption is temporarily inapplicable.					

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part 1A, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1A	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or National Guard a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and
	I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF MONT	HLY INCOME F	OR § 707(b)(7)	EXCLUSION		
2	 Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. ☐ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. ☑ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. 					
	All figures must reflect average monthly income received during the six calendar months prior to filing the bankru of the month before the filing. If the amount of monthly months, you must divide the six-month total by six, and appropriate line.	uptcy case, ending o	on the last day ng the six	Column A Debtor's Income	Column B Spouse's Income	
				\$0.500.00	* 4.004.00	
Gross wages, salary, tips, bonuses, overtime, commissions. Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.				\$2,500.00	\$4,694.00	
	a. Gross receipts	\$0.00	\$0.00			
	b. Ordinary and necessary business expenses	\$0.00	\$0.00			
	c. Business income	Subtract Line b fro	m Line a	\$0.00	\$0.00	
5	Rent and other real property income. Subtract Line difference in the appropriate column(s) of Line 5. Do n Do not include any part of the operating expenses Part V. a. Gross receipts b. Ordinary and necessary operating expenses c. Rent and other real property income	not enter a number le	\$1,008.00	\$3,900.00	\$1,008.00	
	· ' '	Subtract Line bill	iiii Liile a	·	<u> </u>	
7	Interest, dividends, and royalties. Pension and retirement income.			\$0.00 \$0.00	\$0.00 \$0.00	
8	Any amounts paid by another person or entity, on a expenses of the debtor or the debtor's dependents that purpose. Do not include alimony or separate mai paid by your spouse if Column B is completed.	, including child su	pport paid for	\$0.00	\$0.00	
9	Unemployment compensation. Enter the amount in However, if you contend that unemployment compensations spouse was a benefit under the Social Security Act, do compensation in Column A or B, but instead state the authorized Unemployment compensation claimed to be a benefit under the Social Security Act	ation received by yo not list the amount	u or your of such	\$0.00	\$0.00	
10	Income from all other sources. Specify source and sources on a separate page. Do not include alimor payments paid by your spouse if Column B is compayments of alimony or separate maintenance. Do under the Social Security Act or payments received as against humanity, or as a victim of international or doma. a. b. Total and enter on Line 10	ny or separate mai pleted, but include not include any ber a victim of a war cri	ntenance all other nefits received	\$0.00	\$0.00	

11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$6,400.00	\$5,702.00				
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$12,	,102.00				
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION						
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the and enter the result.	ne number 12	\$145,224.00				
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: Washington b. Enter debtor's household	d size:2	\$64,158.00				
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.						
15							
	The amount on Line 13 is more than the amount on Line 14. Complete the remaining		ment.				
	Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						

	☑ T	The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					
	•	Complete Parts I	V, V, VI, and VII of	this s	tatement only if required. (S	See Line 15.)	
		Part IV. CALCULA	TION OF CUR	RENT	MONTHLY INCOME FO	OR § 707(b)(2)	
16	Enter	the amount from Line 12.					\$12,102.00
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
	b.	and enter on line 17.					\$0.00
18		ent monthly income for § 707	(b)(2). Subtract Li	ne 17 f	rom Line 16 and enter the res	ult.	\$12,102.00
		Part V. C.	ALCULATION	OF D	EDUCTIONS FROM INC	OMF	
					s of the Internal Revenue		
19A	Nation	nal Standards: food, clothing nal Standards for Food, Clothin nation is available at www.usdo	ng and Other Items	for the	applicable household size. (\$985.00
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
	Household members under 65 years of age Household members 65 years of age or older						
	a1.	Allowance per member	\$60.00	a2.	Allowance per member	\$144.00	
	b1.	Number of members	2	b2.	Number of members		
	c1.	Subtotal	\$120.00	c2.	Subtotal	\$0.00	\$120.00

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20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			\$502.00
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.			
	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$1,496.00	
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$6,941.81	
	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$0.00
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis			
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.			
22A		ck the number of vehicles for which you pay the operating expenses or for ncluded as a contribution to your household expenses in Line 8. $\ \square$		
If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			\$0.00
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) [Interpretation of the least ownership of the least of the least of the least ownership of the least of the least ownership			\$0.00
1		i i i i i i i i i i i i i i i i i i i		1

B22A	(Offic	ial Form 22A) (Chapter 7) (12/08)		
		al Standards: transportation ownership/lease expense; Vehicle 2. plete this Line only if you checked the "2 or more" Box in Line 23.		
Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. DO NOT ENTER AN AMOUNT LESS THAN ZERO.				
	a.	IRS Transportation Standards, Ownership Costs	\$489.00	
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$338.25	
	C.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$150.75
25	fede emp	er Necessary Expenses: taxes. Enter the total average monthly expensel, state, and local taxes, other than real estate and sales taxes, such as loyment taxes, social-security taxes, and Medicare taxes. DO NOT INCLES TAXES.	s income taxes, self-	\$1,000.00
26	payr and	er Necessary Expenses: involuntary deductions for employment. En oll deductions that are required for your employment, such as retirement uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCHITRIBUTIONS.	contributions, union dues,	\$0.00
27	for te	er Necessary Expenses: life insurance. Enter total average monthly erm life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSUF	SURANCE ON YOUR	\$0.00
28	requ	er Necessary Expenses: court-ordered payments. Enter the total mo ired to pay pursuant to the order of a court or administrative agency, suchents. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS I	h as spousal or child support	\$0.00
Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			\$0.00	
Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcaresuch as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.			\$0.00	
Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 34.			\$0.00	
Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone servicesuch as pagers, call waiting, caller id, special long distance, or internet serviceto the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.			\$125.00	
33	Tota	I Expenses Allowed under IRS Standards. Enter the total of Lines 19 t	through 32.	\$3,266.75
		Subpart B: Additional Living Expense Note: Do not include any expenses that you hav		
	spou	th Insurance, Disability Insurance, and Health Savings Account Expenses in the categories set out in lines a-c below that are reasonably necise, or your dependents.	essary for yourself, your	
34	a. Health Insurance \$0.00			
J-T	b.	Disability Insurance Health Savings Account	\$0.00 \$0.00	
	c. Health Savings Account \$0.00			
		l and enter on Line 34	tual total avarage manths.	\$0.00
		DU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your acenditures in the space below:	ituai totai average monthiy	

35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.				support of an	\$0.00
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					\$0.00
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.					
38	you seco CAS WH	cation expenses for dependent c actually incur, not to exceed \$137.5 andary school by your dependent ch E TRUSTEE WITH DOCUMENTA Y THE AMOUNT CLAIMED IS REA IN THE IRS STANDARDS.	50 per child, for attendance at a p nildren less than 18 years of age. FION OF YOUR ACTUAL EXPEN	orivate or public eler YOU MUST PRO\ NSES, AND YOU M	nentary or /IDE YOUR UST EXPLAIN	\$0.00
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.					
40		tinued charitable contributions. or financial instruments to a charit				\$0.00
41	Tota	Il Additional Expense Deductions	s under § 707(b). Enter the total	of Lines 34 through	40.	\$0.00
		Sı	ubpart C: Deductions for De	bt Payment		
	you Payr the to follow	re payments on secured claims. own, list the name of creditor, ident ment, and check whether the paymental of all amounts scheduled as co- wing the filing of the bankruptcy case. Enter the total of the Average Mo	ify the property securing the debt ent includes taxes or insurance. ontractually due to each Secured se, divided by 60. If necessary, li	t, state the Average The Average Month Creditor in the 60 m	Monthly nly Payment is nonths	
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.	American Home Mtg Srv	Residence	\$1,219.00	✓ yes □ no	
	b.	BECU	Brother's Car	\$8.02	□ yes 🔽 no	
	c.	Countrywide Home Lending	Residence	\$2,909.00	✓ yes ☐ no	
		(See continuation page.)		Total: Add		
	Ш			Lines a, b and c.		\$7,799.25
	Other payments on secured claims. If any of the debts listed in Line 42 are secured by your primary					
		dence, a motor vehicle, or other pro				
	you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure					
	amount would include any sums in default that must be paid in order to avoid repossession or					
	foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.					
43		Name of Creditor	Property Securing the De	ht 1/60th of t	he Cure Amount	
	a.	American Home Mtg Srv	Residence	1,0001010	\$83.33	
	b.	Countrywide Home Lending	Residence		\$300.00	
	C.	EMC Mortgage	Rental Property		\$83.33	
1		(See continuation page.)		Total: Add	Lines a, b and c	\$483.33

44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 28.				
	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.				
	a. Projected average monthly chapter 13 plan payment. \$9,202.87				
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b	\$920.29			
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.	\$9,202.87			
	Subpart D: Total Deductions from Income				
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$12,469.62			
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION				
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$12,102.00			
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$12,469.62			
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result. (\$367.62)				
51	1 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result. (\$22,057.20)				
	Initial presumption determination. Check the applicable box and proceed as directed.				
	The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the to this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.	p of page 1 of			
52	The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.				
	The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.				
	Secondary presumption determination. Check the applicable box and proceed as directed.				
55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not top of page 1 of this statement, and complete the verification in Part VIII.	ot arise" at the			
	The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.				

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Part VII:	ADDIT	ΙΔΝΔΙ	FYPFN	SF CL	ΔIMS
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and unde	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average nonthly expense for each item. Total the expenses.					
	Expense Description	Monthly Amount				
a.						
b.						
c.						
	Total: Add Lines a h and a					

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.) Date: 02/01/2010 Signature: /s/ Lloyd A. Ball Lloyd A. Ball LaShanda E. Ball LaShanda E. Ball

42. Future payments on secured claims (continued):

Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
EMC Mortgage	Rental Property	\$1,124.00	y es □ no
EMC Mortgage	Rental Property	\$1,274.81	y es □ no
Qualstar Credit Union	2002 Mercedes Benz S55	\$511.17	yes no
Watermark Credit Union	2001 BMW X5	\$338.25	_ yes 📝 no
Webster Bank	Rental Property	\$415.00	□ yes 🗹 no

43. Other payments on secured claims (continued):

Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount
Webster Bank	Rental Property	\$16.67